

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

October 2, 2013

K133173

Name, Address, Phone and Fax Number of Applicant

MAY 23 2014

Teleflex Medical, Incorporated
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Contact Person

Lori Pfohl
Regulatory Affairs Specialist

Device Name

Trade Name: Rusch TracFlex Plus Pediatric Tracheostomy Tube Set

Common Name: Tracheostomy Tube

Classification Name: Tube Tracheostomy and tube cuff (Class II per 21 CFR 868.5800, Product Code JOH)

Predicate Devices

K023918 - Rusch Crystal Clear Tracheostomy Sets, Cuffed and Cuffless

K122235 - Rusch TracFlex Plus Tracheostomy Tube Set (Reference)

Device Description and Changes to Predicate

The **Rusch TracFlex Plus Pediatric Tracheostomy Tube Set** is a sterile, single patient use tracheostomy tube, available in sizes 3-6mm in 1 mm increments, with accessories which may be included in a set or sold separately. The device is used to provide an artificial airway. The device is introduced into a tracheostomy incision in the patient's neck that provides access to the trachea. The **TracFlex Plus Pediatric** tracheostomy tube is made from Polyvinyl chloride (PVC) resin that is formulated without DEHP ("Non-DEHP" = < 0.1% DEHP w/w), and is stainless steel spiral armored. It is available cuffed and uncuffed. Accessories included in the set are a disposable inner cannula, obturator, shower cap, cough cap and sealing cap. The tracheostomy tube is secured using the flange that is connected to the neck strap.

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The **Rusch TracFlex Plus Pediatric Tracheostomy Tube Set** is used in airway management of tracheostomized patients

Patient Population: Pediatric Patients

Environment of use: Home, Hospital and Sub-acute Institutions

Contraindications

Insurmountable intubation obstruction

For patients during radiation therapy and magnetic resonance imaging

Substantial Equivalence Comparison to Predicates

The proposed device is substantially equivalent to the predicate device:

| Features | Proposed TracFlex Plus Pediatric | Predicate Crystal Clear K023918 | Predicate (for reference) TracFlex Plus K122235 |
|----------------------------|--|--|--|
| Device | Rusch TracFlex Plus Pediatric Tracheostomy Set | Rusch Crystal Clear Tracheostomy Sets, Cuffed and Cuffless | Rusch TracFlex Plus Tracheostomy Tube Set |
| Indications for use | The Rusch TracFlex Plus Pediatric Tracheostomy Tube Set is used in airway management of tracheostomized patients Patient Population: Pediatric Patients Environment of use: Home, Hospital and Sub-acute Institutions | The Rusch Crystal Clear Tracheostomy Sets, Cuffed and Cuffless are intended for airway management of tracheostomized patients. | The Rusch TracFlex Plus tracheostomy tube set is used in airway management of tracheostomized patients |
| Environment of Use | Home, Hospital and Sub-acute Institutions | Same | Same |
| Patient Population | Pediatric | Pediatric and adult | Adult |
| FDA Product Code | JOH 868.5800 | Same | Same |
| Contraindications | Insurmountable intubation obstruction For patients during radiation therapy and magnetic resonance imaging | None | Same |
| Sizes | 3-6 | 3.5 - 10.5 mm | 7 to 11 mm |
| Fenestrated | No | Yes and No | No |
| Cuff (if present) | Low Pressure | Same | Same |
| Available in sets | Yes | Yes | Yes |
| Low pressure cuff | Spring return luer | same | Same |

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| | | | |
|--|----------------------------------|------|------|
| inflation system | operated valve | | |
| Radiopaque | Yes | Yes | Yes |
| Stainless steel spiral reinforced tube | Yes | Yes | Yes |
| Method of Sterilization | Ethylene Oxide | Same | Same |
| Packaging Material | Thermoformed tray with Tyvek Lid | Same | Same |
| Inner cannula | Disposable | same | Same |
| Materials in patient contact | PVC and Silicone | same | Same |
| 15 mm connector compliant to ISO 5356-1 | Yes | Same | Same |
| Manufactured with DEHP (Non-DEHP) | No | Yes | No |

- **Indications for Use** – The indications for use are identical for the proposed device when compared to the predicate – K023918. Each device is indicated for use in airway management of tracheostomized patients.
- **Technology and construction** - The design, fabrication, shape, size, etc. are equivalent to the predicate – K023918. This design includes the disposable inner cannula, obturator, shower cap, cough cap and sealing cap. They are available in sizes from 3.0 to 6.0mm OD.
- **Environment of use** – The environments of use are identical to predicate – K023918
- **Patient Population** -The patient population is identical to the predicate – K023918
- **Materials** -All patient contacting materials are in compliance with ISO 10993-1. Testing included cytotoxicity, sensitization, intracutaneous activity, genotoxicity and implantation testing.

Comparison to Predicate Device:

The proposed **TracFlex Plus Pediatric** tracheostomy tubes are substantially equivalent to the predicate devices with respect to indications for use, technology and construction. The differences between the predicate and the proposed devices are minor and any risks have been mitigated through testing. The proposed device is designed with different materials than the main predicate, but essentially identical materials to the reference predicate. The proposed device is Non-DEHP.

Non-clinical Comparative Performance Testing

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A brief summary of tests relied upon to demonstrate substantial equivalence to the predicate can be found in the table below:

| Test | Reference to Standard (if applicable) | Principle of Test |
|--------------------------------------|---------------------------------------|---|
| Connector bonding strength | ISO 5366-3 | The security of the attachment of the connector to the tracheostomy tube is tested by applying an axial separation force to the connector |
| Flange (neck-plate) bonding strength | ISO 5366-3 | The security of the attachment of the neck-plate to the tracheostomy tube is tested by applying an axial separation force to the neck-plate (flange) |
| Cuff resting diameter | ISO 5366-3 | The resting diameter of the cuff is measured when the cuff is inflated to a reference pressure which is intended to remove creases but minimize stretching of its walls |
| Tube collapse | ISO 5366 | The patency of the tracheostomy tube airway lumen is tested by passing a steel ball through the tracheostomy tube lumen with the cuff inflated within a transparent tube |
| Cuff herniation | ISO 5366 | The tendency of the cuff to herniate beyond the plane perpendicular to the long axis of the tube at the nearest edge of the bevel is tested by applying an axial force with the cuff inflated within a transparent tube. A cuff which protrudes excessively at its patient end may partially or completely occlude the orifice at the patient end |
| Cuff Burst Evaluation | N/A | The cuff restrained burst test is designed to ensure the cuff will not burst or rupture when inflated inside the trachea |
| Cuff Bond Strength | N/A | To evaluate the strength needed to separate the cuff from the tube |
| Side arm bonding strength | N/A | To evaluate the retention force of the inflation line connection to the Tracheostomy tube |
| Ink adhesion test | N/A | To ensure the printing remains legible after the aging and sterilization processes and being wiped with a solvent |

Substantial Equivalence Conclusion

The **Rusch TracFlex Plus Pediatric** has the same indications for use, patient population and technology of construction as the predicate device. Performance test results demonstrate that the proposed device meets its intended use. It is for these reasons that the the devices can be found substantially equivalent.



Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

May 23, 2014

Teleflex Medical, Incorporated
Lori Pfohl
Senior Regulatory Affairs Specialist
2917 Week Drive
Research Triangle Park, NC 27709

Re: K133173

Trade/Device Name: Rusch TracFlex Plus Pediatric Tracheostomy Tube Set
Regulation Number: 21 CFR 868.5800
Regulation Name: Tracheostomy tube and tube cuff.
Regulatory Class: Class II
Product Code: JOH
Dated: April 24, 2014
Received: April 25, 2014

Dear Ms. Pfohl:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA).

You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

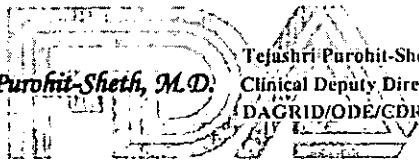
<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours.

 **Tejashri Purohit-Sheth, M.D.**
Clinical Deputy Director
DAGRID/ODE/CDRH FOR

Erin I. Keith, M.S.
Acting Director
Division of Anesthesiology, General Hospital,
Respiratory, Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known)
K133173

Device Name
Rusch TracFlex Plus Pediatric Tracheostomy Tube Set

Indications for Use (Describe)

The Rusch TracFlex Plus Pediatric Tracheostomy Tube Set is used in airway management of tracheostomized patients.

Patient Population: Pediatric Patients per below:

| Pediatric Subgroup | Approximate Age Range |
|---------------------------|-----------------------|
| Neonate/Newborn | Birth to 28 days |
| Infant | 29 days to < 2 years |
| Child | 2 years to <12 years |
| Adolescent | 12 years to <18 years |
| Transitional Adolescent A | 18 years to <21 years |

Environment of use: Home, Hospital and Sub-acute Institutions

Type of Use (Select one or both, as applicable)

☒ Prescription Use (Part 21 CFR 801 Subpart D)

☐ Over-The-Counter Use (21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.

FOR FDA USE ONLY

Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)



Anya C. Harry -S
2014.05.23
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